DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth under § 302(14) of the D.C. Health Occupations Revision Act of 1985, effective March 15, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of his intent to take final rulemaking action to adopt the following new rules to Title 17 DCMR, Chapter 54, in no less than thirty (30) days from the date of publication of this notice in the D.C. Register. The purpose of the rulemaking is clarify the requirements necessary to obtain a license by examination, endorsement, or through the re-entry program; update the requirements for reactivation of an inactive license or for obtaining a license by reinstatement or renewal; and clearly define the tasks that a registered nurse may delegate to unlicensed assistive personnel.

Chapter 54 (Registered Nursing) of Title 17 DCMR (Business, Occupations & Professions) is amended in its entirety to read as follows:

5400	GENERAL
5400.1	This chapter shall apply to applicants for and holders of a license to practice registered nursing.
5400.2	Chapters 40 (General Rules) and 41 (Administrative Procedures) of this title shall supplement this chapter.
5401	TERM OF LICENSE
5401.1	Subject to § 5401.2, a license issued pursuant to this chapter shall expire at 12:00 midnight of June 30 of each even-numbered year.
5401.2	If the Director changes the renewal system pursuant to § 4006.3 of Chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birth date of the holder of the license, or other date established by the Director.
5402	EDUCATIONAL REQUIREMENTS
5402.1	Except as otherwise provided in this chapter, an applicant for a license shall furnish proof satisfactory to the Board in accordance with $\S 504(n)$ of the Act (D.C. Official Code $\S 3-1205.04(n)$) of the following:

- (b) That the applicant has successfully completed a basic nursing education program in Canada leading to licensure as a registered nurse which was approved by a Canadian Provincial nursing board with standards determined by the Board to be substantially equivalent to the standards in the District. The applicant shall:
 - (1) Furnish proof satisfactory to the Board in accordance with § 504(n) of the Act (D.C. Official Code § 3-1205.04(n)), that the applicant's education and training are substantially equivalent to the requirements of this chapter and the Act; and
 - (2) If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit the translation signed by the translator attesting to its accuracy.

5403 EDUCATIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN FOREIGN COUNTRIES

- An applicant for a license who completed an educational program in a foreign country, which program was not approved in accordance with § 5402.1, shall furnish proof satisfactory to the Board in accordance with § 504(n) of the Act (D.C. Official Code § 3-1205.04(n)) of the following:
 - (a) That the applicant's education and training are substantially equivalent to the requirements of this chapter and the Act;
 - (b) That the applicant successfully completed the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination by submitting a certificate from CGFNS; and
 - (c) That the applicant has spoken and written competency in English by documenting one of the following:
 - (1) Graduation from a nursing program where English was the only language of instruction through the applicant's inclusive dates of attendance;
 - (2) Successful completion of the Test of Spoken English (TSE) examination with a passing score of fifty (50);
 - (3) Successful completion of the International English Language Testing System (IELTS) examination with a passing score of six and one half (6.5) overall with a spoken band score of seven (7.0); or
 - (4) Provide proof that the applicant has completed a total of twelve (12) months of full-time employment in the United States during the two (2) years immediately preceding the date of application.

If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit the translation signed by the translator attesting to its accuracy.

5404 LICENSURE BY EXAMINATION

- To qualify for a license by examination, an applicant shall:
 - (a) Receive a passing score on the National Council Licensure Examination for Registered Nurses (NCLEX-RN) developed by the National Council of State Boards of Nursing, Inc. (NCSBN). The passing score on the NCLEX-RN shall be the passing score established by the NCSBN;
 - (b) Meet the educational requirements of this chapter; and
 - (c) Meet any other requirements as set forth by the Board.
- To apply for a license by examination, an applicant shall:
 - (a) Submit a completed application to the Board on the required forms and include:
 - (1) The applicant's social security number on the application. If the applicant does not have a social security number, the applicant shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number; and
 - (2) Two (2) recent passport-type photographs of the applicant's face measuring two inches by two inches (2" x 2") which clearly exposes the area from the top of the forehead to the bottom of the chin.
 - (b) Arrange for a certified transcript of the applicant's academic record and a letter of recommendation from the nurse administrator of the school or college to be sent directly from the educational institution to the Board;
 - (c) Sit for the NCLEX-RN examination not later than ninety (90) days following submission of the application. The Board may, in its discretion, grant an extension of the time requirement if the applicant's failure to sit for the examination was for good cause. As used in this section "good cause" includes the following:
 - (1) Serious and protracted illness of the applicant; or
 - (2) The death or serious and protracted illness of a member of the applicant's immediate family.
 - (d) Submit any other required documents; and

- (e) Pay all required fees.
- An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for licensure, and pay the required fees.
- If an applicant has not yet taken or passed the NCLEX-RN examination six (6) months after the date the applicant graduated from a registered nursing school, the applicant shall complete a review course approved by the Board and provide proof of having completed the course in order to be eligible to sit for the next available NCLEX-RN examination. For purposes of this section:
 - (a) Graduates of an educational program in registered nursing approved in accordance with § 5402.1 are eligible to apply to sit for the exam upon graduation.
 - (b) Graduates of an educational program in registered nursing in a foreign country not approved in accordance with § 5402.1 are eligible to apply to sit for the exam upon completion of the requirements set forth in § 5403.1.
- 5404.5 [Repealed]
- If an applicant has not yet taken or passed the NCLEX-RN examination more than one (1) year after the date the applicant becomes eligible to apply to sit for examination, the applicant shall submit a plan of study for approval by the Board in order to be approved to sit for the NCLEX-RN examination. Approved plans of study may include one of the following:
 - (a) Kaplan review course;
 - (b) Individual tutoring; or
 - (c) Work with faculty focusing on deficits.

5405 LICENSURE BY ENDORSEMENT

- An applicant shall be eligible for licensure by endorsement if the applicant is currently licensed as a registered nurse under the laws of a state or territory of the United States; and if the applicant's original licensure in a state or territory was based upon:
 - (a) A passing score on a state constructed examination taken prior to 1949;
 - (b) A passing score on the State Board Test Pool Examination for nurses taken between January 1949 and February 1982; or
 - (c) A passing score on the NCLEX-RN.
- To apply for a license by endorsement, an applicant shall:

- (a) Submit a completed application to the Board on the required forms and include:
 - (1) The applicant's social security number on the application. If the applicant does not have a social security number, the applicant shall submit a sworn affidavit, under penalty of perjury, with the application stating that he or she does not have a social security number; and
 - (2) Two (2) recent passport-type photographs of the applicant's face measuring two inches by two inches (2" x 2") which clearly exposes the area from the top of the forehead to the bottom of the chin.
- (b) Submit a copy of his or her current license with the application;
- (c) Obtain licensure verification from the original state or territory of licensure that the license is current and in good standing:
 - (1) If the license from the original state or territory is not current, an applicant shall obtain verification from a state or territory that the applicant holds a current license in good standing; and
 - (2) The licensure verification form must be sent directly to the Board, by the verifying Board;
- (d) Meet any other requirements as set forth by the Board; and
- (e) Pay all required fees.
- If the applicant completed an educational program for registered nursing in a foreign country, which program was not approved in accordance with the requirements set forth in § 5402.1, the applicant shall also demonstrate spoken and written competency in English by providing documentation of one of the following:
 - (a) Graduation from a nursing program where English was the only language of instruction throughout the applicant's inclusive dates of attendance;
 - (b) Successful completion of the Test of Spoken English (TSE) examination;
 - (c) Successful completion of the International English Language Testing System (IELTS) examination with a passing score of six and one half (6.5) overall with a spoken band score of seven (7.0); or
 - (d) Provide proof that the applicant has completed a total of twelve (12) months of full-time employment at a health care facility in a state or territory of the United States during the two (2) years immediately preceding the date of application.
- An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant

shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.

Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify an applicant's current licensure standing in other jurisdictions of the U.S. or to review disciplinary records.

5406 LICENSURE BY NURSE REFRESHER PROGRAM

- A health professional who fails to apply for reinstatement of a District of Columbia registered nursing license within five (5) years after the license expires, and who is not currently licensed to practice registered nursing under the laws of a state or territory of the United States, may apply for licensure to practice registered nursing in the District of Columbia under licensure by nurse refresher program.
- To apply for licensure by a nurse refresher program, an applicant shall:
 - (a) Submit a completed application to the Board on the required forms and include:
 - (1) The applicant's social security number on the application; and
 - (2) Two (2) recent passport-type photographs of the applicant's face measuring two inches by two inches (2" x 2") which clearly exposes the area from the top of the forehead to the bottom of the chin.
 - (b) Submit proof of completion of a nurse refresher program approved by the Board;
 - (c) Submit any other required documents; and
 - (d) Pay all required fees.
- An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for licensure, and pay the required fees.

5407 CONTINUING EDUCATION REQUIREMENTS

- Except as provided in § 5407.2, this section shall apply to applicants for the renewal, reactivation, or reinstatement of a license for a term expiring June 30, 2008, and for subsequent terms.
- This section shall not apply to applicants for an initial license by national examination, reciprocity, or endorsement, nor shall it apply to applicants for the first renewal of a license granted by examination. Neither shall the requirement for continuing education apply to physicians specifically exempted due to:
 - (a) Hardship;

- (b) Disability;
- (c) Serious illness;
- (d) Service in the United States Congress; or
- (d) Military service or other circumstances as the Board deems appropriate if supported adequate documentation acceptable to the Board.
- A continuing education credit shall be valid only if it is part of a program approved by the Board in accordance with § 5410.
- An applicant for renewal of a license shall:
 - (a) Submit proof as set forth in §5410 of having completed twenty-four (24) contact hours of continuing education in the licensee's current area of practice commencing with the renewal period of 2006. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted. Contact hours may be prorated as follows:
 - (1) A person licensed six (6) to twelve (12) months shall complete twelve (12) contact hours; and
 - (2) A person licensed less than six (6) months shall not be required to complete contact hours.
- A licensee applying for renewal of a license who fails to submit proof of having completed the continuing education requirements by the date the license expires may renew the license within sixty (60) days after the expiration by submitting proof pursuant to §5410 and by paying the required late fees.
- Upon submitting proof and paying the required late fees, the licensee shall be deemed to have possessed a valid license during the period between the expiration of the license and the submission of the required documents and fees.
- If a licensee applying for renewal of a license fails to submit proof of completion of the continuing education requirements, or pay the late fee within sixty (60) days after the expiration of the applicant's license, the license shall be considered to have lapsed on the date of expiration and the health care professional shall thereafter be required to apply for reinstatement of an expired license and meet all requirements and fees for reinstatement.
- The Board may, in its discretion, grant an extension up to six months of the period to renew the license after expiration, if the licensee's failure to submit proof of completion of the continuing education requirements was for good cause and if the request for an extension is requested in writing at, or before the time of renewal. As used in this section "good cause" includes the following:

- (a) Serious and protracted illness of the licensee; or
- (b) The death or serious and protracted illness of a member of the licensee's immediate family.
- To qualify for a license, a person in a paid inactive status, pursuant to § 511 of the Act (D.C. Official Code § 3-1205.11), shall apply for reactivation of the license by submitting a completed application on the forms required by the Board and paying the required reactivation fees.
- A licensee in a paid inactive status, pursuant to § 511 of the Act (D.C. Official Code § 3-1205.11), for less that twenty-four (24) months and who submits an application to reactivate a license shall:
 - (a) Submit proof as set forth in § 5407.4 of having completed twelve (12) hours of continuing education in the licensee's current area of practice for each year, or any portion thereof, the license was in inactive status up to a maximum of twenty-four (24) hours of continuing education. Only continuing education taken in the two (2) years immediately preceding the application date shall be accepted; or
 - (b) Submit proof of a current license in good standing to practice registered nursing in a state or territory of the United States. Verification of good standing shall be sent directly to the Board by the verifying state Board.
- A licensee in a paid inactive status, pursuant to § 511 of the Act (D.C. Official Code § 3-1205.11), for two (2) years or more, who submits an application to reactivate a license shall:
 - (a) Submit proof as set forth in § 5407.10 of having completed twenty-four (24) hours of continuing education. Only continuing education taken in the two (2) years immediately preceding the application date shall be accepted;
 - (b) Submit proof of completion of a nurse refresher program approved by the Board; or
 - (c) Submit proof of a current license in good standing to practice registered nursing in a state or territory of the United States. Verification of good standing must be sent directly to the Board by the verifying state Board.
- To qualify for a license, an applicant for reinstatement of a license shall do the following:
 - (a) Submit proof of a current license in good standing to practice registered nursing in a state or territory of the United States. Verification of good standing shall be sent directly to the Board by the verifying Board; or
 - (b) Submit proof as set forth in § 5410 of having completed twenty-four (24) hours of continuing education in the applicant's current area of practice in the two (2) years immediately preceding the application date; and

- (c) Meet any other requirements that the Board may set forth to determine whether the license should be reinstated
- An applicant for reinstatement of a license shall submit the completed application and documents required by the Board and pay the required fees.
- The Board shall not reinstate the license of an applicant who fails to apply for reinstatement of the license within five (5) years after the license expires. The applicant may become licensed by applying for and meeting the requirements for licensure by refresher program.

5408 RENEWAL OF A LICENSE

- A licensee shall renew his or her license by applying for licensure renewal and paying the required fees prior to the expiration of the license.
- The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the license expires.
- A licensee shall have the burden of notifying the Board if a renewal notice is not received.
- A licensee shall notify the Board in writing of a change of home or business address within thirty (30) days after the change.

5409 APPROVED CONTINUING EDUCATION PROGRAMS

- The Board, in its discretion, may approve continuing education programs and activities that contribute to the growth of an applicant in professional and competence in the practice of registered nursing and which meet the other requirements of this section. Continuing education credit may be granted only for programs or activities approved by the Board.
- The Board shall maintain a list of approved continuing education programs which shall be available to the public during regular business hours and posted on the Department's internet website.
- A licensee shall have the burden of verifying whether a program is approved by the Board pursuant to this section prior to enrolling in a program.
- At the request of a licensee, or the sponsor of a continuing education program, the Board may approve the following types of continuing education programs if the program meets the requirements of this section:
 - (a) An undergraduate course or graduate course given at an accredited college or university;

- (b) A conference, course, seminar, or workshop;
- (c) An educational course offered through the internet;
- (d) Serving as the author or editor of a book, chapter, or published peer review periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed; or
- (e) Other programs which meet the requirements of this section.
- To qualify for approval by the Board, a continuing education program shall meet the following requirements:
 - (a) Be current in its subject matter;
 - (b) Be developed and taught by qualified individuals; and
 - (c) Meet one of the following requirements:
 - (1) Be administered and approved by a registered nurse, nursing organization, or health services organization that is recognized by the Board; or
 - (2) Be Approved by a State Board of Nursing, the American Nurses Credentialing Center (ANCC), the Accreditation Council for Continuing Medical Education (CME); National Association for Practical Nursing Education or any nationally recognized accrediting body approved by the Board.
- A licensee shall provide the following information with respect to each program for which continuing education is claimed, on a form required by the Board:
 - (a) The name of the Board-approved continuing education provider;
 - (b) The name of the program, its location, a description of the subject matter covered, and the name(s) of the instructor(s);
 - (c) The date(s) on which the licensee attended the program;
 - (d) The hours of credit claimed; or
 - (e) A verification(s) form signed or stamped by the program sponsor.
- If a licensee has previously received credit in connection with a particular presentation, the Board shall not grant credit for a subsequent presentation unless the presentation involves substantial additional research concerning the subject matter.

5410	CONTINUING EDUCATION CREDITS
5410.1	The Board shall grant continuing education credit for whole hours only, with a minimum of fifty (50) minutes constituting one (1) credit hour.
5410.2	For approved undergraduate or graduate courses, each semester hour of credit shall constitute fifteen (15) hours of continuing education credit, and each quarter hour of credit shall constitute ten (10) hours of continuing education credit.
5410.3	The Board may grant a maximum of four (4) continuing education credits to an applicant who has developed or taught a course or educational offering presented by a board approved accrediting body provided that the course or educational offering is not required as a condition of employment.
5411	SUPERVISED PRACTICE OF STUDENTS
5411.1	A student may practice nursing only in accordance with the Act and this chapter.
5411.2	A student who is fulfilling educational requirements under § 103(c) of the Act (D.C. Official Code § 3-1201.03(c)), may be authorized to engage in the supervised practice of registered nursing without a District of Columbia license.
5411.3	Only a registered nurse licensed under the Act, who is an appointed faculty member of the accredited school, college, or university, or a preceptor meeting the qualifications set forth in chapter 56 of this title, shall be authorized to supervise the practice of registered nursing by a student.
5411.4	A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, a health education center, or other health care facility considered appropriate by the school, college, or university.
5411.5	All supervised practice of a student shall take place under general or immediate supervision of a registered nurse.
5411.6	A person who has been denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
5411.7	A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nursing program, unit, service, or institution.

- A student shall identify himself or herself as such before engaging in the supervised practice of registered nursing. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- The appointed supervising faculty member shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- The Board may deny an application for licensure by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

5412 SUPERVISED PRACTICE OF GRADUATE NURSES

- A graduate nurse may practice nursing only in accordance with the Act and this chapter.
- An individual may be authorized to engage in the supervised practice of registered nursing, as a graduate nurse, without a District of Columbia license if the individual:
 - (a) Graduated from a nursing program pursuant to § 5402.1, or has met the Requirements set forth in § 5403;
 - (b) Has not failed the NCLEX-RN exam; and
 - (c) Has an initial application pending for licensure by examination in the District of Columbia.
- A person who has been denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- At the request of the applicant, after the application by examination has been received, the Board shall issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The supervised practice letter is not renewable and shall expire when one of the following has happened:
 - (a) Ninety (90) days has passed since the date of issuance;
 - (b) The applicant has been notified that he or she has failed the NCLEX; or

- (c) Upon receipt of written notification from the Board that the application for licensure has been denied.
- Upon receipt of the practice letter, the graduate nurse shall inform employers of the date of expiration of the letter and shall immediately cease professional nursing practice on that date or upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest. The graduate nurse thereafter may practice in a non-professional healthcare occupation, until receipt of a license or issuance of a license number.
- Only a registered nurse licensed under the Act, who is a supervisor, shall be authorized to supervise the practice of registered nursing by a graduate nurse.
- All supervised practice of a graduate nurse shall take place under general or immediate supervision.
- A graduate nurse who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, academic institution, or other health care facility considered appropriate and approved by the Board.
- A graduate nurse shall not be eligible to practice registered nursing in any of the following settings:
 - (a) Correctional Facility;
 - (b) Dialysis Center;
 - (c) Home Health Agency;
 - (d) Community Residential Facility;
 - (e) Nursing Staffing Agency;
 - (f) Medical Group Practice;
 - (g) School, (as a school nurse); and
 - (h) Any other setting that does not meet the requirements of § 5412.8.
- A graduate nurse practicing under this section shall not assume administrative or technical responsibility for the operation of a nursing program, unit, service, or institution.
- A graduate nurse shall identify himself or herself as such before engaging in the supervised practice of registered nursing. A graduate nurse shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate nurse student and the position title.

- A graduate nurse shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- The supervisor shall be fully responsible for the practice by a graduate nurse during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the graduate nurse.
- The Board may deny an application for licensure by, or take other disciplinary action against, a graduate nurse who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate nurse to practice.

5413 SUPERVISED PRACTICE OF APPLICANTS FOR LICENSURE BY ENDORSEMENT

- An applicant may practice registered nursing only in accordance with the Act and this chapter.
- An applicant for licensure by endorsement may be authorized to engage in the supervised practice of registered nursing in the District of Columbia without a District of Columbia license if the applicant:
 - (a) Is currently licensed as a registered nurse under the laws of a state or territory of the United States;
 - (b) Is a graduate of a program approved in accordance with § 5402.1, or can demonstrate competency in English pursuant to § 5405.3; and
 - (c) Has an initial application pending for licensure by endorsement in the District of Columbia.
- A person who has been denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- Within five (5) business days after the application for licensure by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:
 - (a) Ninety (90) days from the date of issuance; or
 - (b) Upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest.

- Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease professional nursing practice in the District on that date or upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest. The applicant thereafter may practice in a non-professional healthcare occupation, until receipt of a District of Columbia license to practice registered nursing.
- Only a registered nurse licensed under the Act, who is a supervisor, may be authorized to supervise the practice of registered nursing by an applicant.
- All supervised practice of an applicant shall take place under general or immediate supervision.
- An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- The supervisor shall be fully responsible for the practice by an applicant during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the applicant.
- The Board may deny an application for licensure by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.

5414 SCOPE OF PRACTICE

- The practice of registered nursing means the performance of acts requiring substantial specialized knowledge, judgment, and skill based upon the principles of the biological, physical, behavioral, and social sciences in the following:
 - (a) The observation, comprehensive assessment, evaluation and recording of physiological and behavioral signs and symptoms of health, disease, and injury, including the performance of examinations and testing and their evaluation for the purpose of identifying the needs of the client and family;
 - (b) The development of a comprehensive nursing plan that establishes nursing diagnoses, sets goals to meet identified health care needs, and prescribes and implements nursing interventions of a therapeutic, preventive, and restorative nature in response to an assessment of the client's requirements;
 - (c) The performance of services, counseling, advocating, and education for the safety, comfort, personal hygiene, and protection of clients, the prevention of disease and injury, and the promotion of health in individuals, families, and communities, which may include psychotherapeutic intervention, referral, and consultation;

- (d) The administration of medications and treatment as prescribed by a legally authorized healthcare professional licensed in the District of Columbia;
- (e) The administration of nursing services including:
 - (1) Delegating and assigning nursing interventions to implement the plan of care;
 - (2) Managing, supervising, and evaluating the practice of nursing;
 - (3) Developing organization-wide client care programs, policies, and procedures that identify the processes to be utilized by nursing personnel to assess, identify, evaluate, and meet the needs of the clients or population served;
 - (4) Developing and implementing an organizational plan for providing nursing services;
 - (5) Implementing an ongoing program to assess, measure, evaluate and improve the quality of nursing care being offered or provided; and
 - (6) Providing an environment for the maintenance of safe and effective nursing care.
- (f) Evaluating responses and outcomes to interventions and the effectiveness of the plan of care;
- (g) Promoting a safe and therapeutic environment;
- (h) The education and training of person(s) in the direct and indirect nursing care of the client;
- (i) Communicating and collaborating with other health care team members and professionals in the development of the plan of care, management of the client's health care, and the implementation of the total health care regimen;
- (j) Teaching the theory and practice of nursing;
- (k) Acquiring and applying critical new knowledge and technologies to the practice setting; and
- (l) The pursuit of nursing research to advance and enhance the practice of nursing.
- A registered nurse may provide nursing services, which are beyond the basic nursing preparation for a registered nurse, if the registered nurse has the appropriate education, knowledge, competency, and training to safely perform the services.

A registered nurse shall wear a pictured identification badge with lettering clearly visible to a client bearing the name of the registered nurse and the title "Registered Nurse" or "R.N.".

5415 DELEGATION OF NURSING INTERVENTIONS

- Nothing in this section shall be applicable to, restrict, or limit the gratuitous provision of care by self, family, or friends.
- Only a registered nurse as set forth in the Act and this chapter shall delegate nursing interventions to be performed by unlicensed assistive personnel on behalf of the delegating registered nurse. Such delegation shall be in a manner that does not conflict with the Act, this chapter, or with other District and federal laws and regulations which affect the practice of nursing in the District of Columbia. Nothing in this chapter shall be construed as permitting or authorizing an unlicensed person to perform duties beyond the scope permitted, or which are prohibited, by any other District or federal laws or regulations.
- A supervisor may delegate to a registered nurse the responsibility of directing and assigning nursing interventions to unlicensed assistive personnel, once the registered nurse has developed the plan of care and identified those services that can be safely performed by the unlicensed personnel.
- The delegating registered nurse shall be responsible for the adequacy of care provided and shall retain accountability for the nursing task.
- 5415.5 The Administrator for Nursing Services, or supervisor, shall be responsible for establishing policies and procedures for nursing practice. The policies and procedures shall include a mechanism for:
 - (a) Identifying those individuals, by position title and job description, to whom nursing interventions may be delegated based on education, training, and competency measurements; and
 - (b) Assisting the delegating registered nurse in verifying the competency of the unlicensed assistive personnel prior to assigning nursing interventions.
- If the delegating registered nurse determines that the trained unlicensed personnel cannot safely perform the nursing intervention, the delegating registered nurse shall not delegate the nursing intervention.
- 5415.7 The delegating registered nurse shall assign and delegate in a manner that protects the health, safety, and welfare of the client and others. The nursing tasks delegated shall:
 - (a) Be within the area of responsibility of the nurse delegating the act;

- (b) Be such that, in the judgment of the nurse, it can be properly and safely performed by the unlicensed personnel without jeopardizing the client welfare; and
- (c) Be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment.
- 5415.8 When delegating a nursing intervention the nurse shall:
 - (a) Assess and evaluate the client's condition, identify the client's specific goals, nursing care needs, and required nursing interventions;
 - (b) Select and identify nursing interventions which do not require unlicensed trained personnel to exercise critical thinking and independent nursing judgment and which do not require either complex or multi-dimensional application of the nursing process; and
 - (c) Select nursing interventions, which frequently recur in the daily care of the client or group of clients, whose results are predictable, whose potential for risk is minimal, and which utilize a standard and unchanging procedure.
- 5415.9 Unlicensed assistive personnel shall practice under general or immediate supervision of a registered nurse.
- 5415.10 The delegating registered nurse shall be fully responsible for providing supervision to the unlicensed assistive personnel. The supervision shall include:
 - (a) Instructing the unlicensed personnel in the delegated nursing intervention(s);
 - (b) Monitoring the performance of the delegated nursing intervention(s);
 - (c) Verifying that the delegated nursing intervention(s) has been implemented; and
 - (d) Evaluating the client's response and the outcome of the delegated nursing intervention(s).
- The delegating registered nurse shall determine the required degree of supervision after an evaluation of appropriate factors including:
 - (a) The stability of the client's condition;
 - (b) The willingness and ability of the client to be involved in the management of his or her care;
 - (c) The training, experience, and competency of the Unlicensed Assistive Personnel implementing the nursing intervention; and

- (d) The nature of the nursing intervention.
- 5415.12 The following nursing interventions shall not be delegated to trained unlicensed personnel:
 - (a) The initial nursing assessment;
 - (b) The ongoing comprehensive nursing assessment of the client in any setting;
 - (c) Development of the nursing diagnosis;
 - (d) Establishment of the nursing care goal;
 - (e) Evaluation of the client's progress, or lack of progress toward goal achievement;
 - (f) Client counseling and family education, except as it relates to promoting independence in personal care and activities of daily living (ADL);
 - (g) Coordination and management of care including triage, collaborating, consulting, and referring;
 - (h) Providing advice to a client or family member; or
 - (i) Any nursing task which requires nursing knowledge, judgment, and skill.
- The delegating registered nurse shall retain full responsibility for medication administration as set forth by the Act.
- A delegating registered nurse may delegate the intervention of administering medication to unlicensed assistive personnel in programs for the following:
 - (a) Individuals with mental retardation or other developmental disabilities;
 - (b) Public schools; and
 - (c) Assisted living residential facilities as authorized under D.C. Official Code § 44-109.05.
- 5415.15 Unless otherwise authorized under this title, a delegating registered nurse shall not delegate to unlicensed assistive personnel any nursing acts or interventions relating to medication administration, including:
 - (a) Calculation of a medication dose;
 - (b) Administration of the initial dose of a medication;
 - (c) Administration of a medication by injection route, except for the following:

- (1) Epipen or injection system as set forth in 17 DCMR § 6111; or
- (2) Administration of intravenous saline, intravenous heparin, and local intradermal anesthetics by a hemodialysis technician.
- (d) Administration of medication by intravenous route;
- (e) Administration of medication used for intermittent positive pressure breathing or other methods involving a mechanical device or equipment for medication inhalation treatment;
- (f) Administration of medication by way of tube insertion in a cavity of the body; and
- (g) Administration of investigational drug treatment and blood or blood products.
- An unlicensed assistive personnel shall identify himself or herself as such at all times when participating in client care. The individual shall wear a pictured identification badge with lettering clearly visible to the client, bearing the name of the individual and his or her position title. The position title shall not in anyway imply that the individual is licensed or a nurse.
- The delegating registered nurse shall be responsible at all times for all nursing interventions provided by the unlicensed assistive personnel to whom it was delegated, and is subject to disciplinary action for any violation of the Act or this chapter in connection with the nursing intervention by the trained unlicensed personnel.

5416 STANDARDS OF CONDUCT

- A registered nurse shall adhere to the standards set forth in the "Code of Ethics for Nurses" as published by the American Nurses Association, as they may be amended or republished from time to time.
- A registered nurse shall respect the client's right to privacy by protecting confidential information unless obligated or allowed by law to disclose the information.
- A registered nurse shall not accept or perform professional responsibilities which the nurse is not competent to perform.
- A registered nurse shall not, after accepting an assignment or responsibility for a client's care, and without giving adequate notice to the supervisor so that arrangements can be made for continuation of nursing care by others:
 - (a) Unilaterally sever the established nurse-client relationship;

- (b) Leave a client for a length of time, or in a manner, that exposes the client unnecessarily to risk of harm; or
- (c) Leave a nursing assignment.
- A registered nurse shall know, recognize, and maintain professional boundaries of the nurse-client relationship.
- A registered nurse shall report unsafe nursing practice by a nurse that he or she has reasonable cause to suspect has exposed or is likely to expose a client unnecessarily to risk of harm as a result of failing to provide client care that conforms to the minimum standards of acceptable and prevailing professional practice. The registered nurse shall report such conduct to the appropriate authority within the facility, or to the Board.
- A registered nurse shall provide nursing services, without discrimination, regardless of the age, disability, economic status, gender, national origin, race, religion, or health problems of the client served.

5499 **DEFINITIONS**

As used in this chapter, the following terms have the meanings ascribed:

Act – Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Agency – any person, firm, corporation, partnership, or other business entity engaged in the business of referring nursing personnel, as employees or independent contractors, to a health care facility for the purpose of rendering temporary nursing services.

Applicant – person applying for a license to practice registered nursing under this chapter.

Board – the Board of Nursing, established by §204 of the Act, D.C. Official Code § 3-1202.04.

Complex Interventions – those interventions that require nursing judgment to safely alter standard procedures in accordance with the needs of the client; require nursing judgment to determine how to proceed from one step to the next, or require implementation of the nursing process.

Delegation – the transference from the registered nurse to another individual within the scope of his or her practice, the authority to act on behalf of the registered nurse in the performance of a nursing intervention, while the registered nurse retains the accountability and responsibility for the delegated act.

Educational Program – a program accredited by a recognized nursing body approved by the Board that leads to a diploma, associate degree, or baccalaureate degree in nursing.

General Supervision – supervision in which the supervisor is available on the premises or within vocal communication either directly or by a communication device at the time the unlicensed personnel, student, graduate nurse, or other licensed nurse is practicing.

Graduate Nurse – an individual who has graduated from a nursing program for registered nursing, who has never taken the NCLEX-RN exam, and whose application for a license by examination in the District of Columbia is pending.

Health Professional – a person who holds a license, certificate, or registration issued under the authority of this title or the Act.

Immediate Supervision— supervision in which the supervisor is with the unlicensed personnel, student, graduate nurse, or other licensed nurse and either discussing or observing the person's practice.

NCLEX-RN- National Council Licensure Examination for Registered Nurses.

Nursing Intervention – the initiation and completion of a client focused action necessary to accomplish the goal(s) defined in the client-centered plan of care.

Nurse refresher program – A course designed to provide nurses with an update of theoretical content and clinical practice needed to return to employment in nursing.

Practical Nurse – a person licensed to practice practical nursing under the Act and Chapter 55 of this title.

Registered Nurse – a person licensed to practice registered nursing under the Act and this chapter.

Review Course – a course of study providing review of basic preparation for the NCLEX-RN examination.

Supervisor – a registered nurse licensed under the Act who is responsible and accountable for assigning, directing, evaluating and managing a unit, service, or program that offers or provides nursing care or who is responsible for the supervision of Unlicensed Assistive Personnel, students, graduate nurses, or other licensed nurses.

Unlicensed assistive personnel – an individual, other than a licensed nurse, who has received appropriate training or instruction to function n a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying

out common nursing tasks. The term includes, but is not limited to, nurses' aides, orderlies, assistant technicians, attendants, home health aides, personal care aides, trained medication employees, geriatric aides, or other health aides.

The definitions in § 4099 of Chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than thirty days after the date of publication of this notice in the <u>D.C. Register</u>. Comments should be sent to the Department of Health, Office of the General Counsel, 825 North Capitol Street, N.E., 4th Floor, Washington, D.C. 20002. Copies of the proposed rules may be obtained from the Department at the same address during the hours of 9:00 a.m. and 5 p.m., Monday through Friday, excluding holidays.